



The Commonwealth of Massachusetts  
**Division of Health Professions Licensure**

Board of Registration in Dentistry

239 Causeway Street, 5<sup>th</sup> Floor

Boston, MA 02114

(617)727-9928

[www.mass.gov/dpl/boards/dn](http://www.mass.gov/dpl/boards/dn)

**BOARD USE ONLY**

Board: \_\_\_\_\_

License#: \_\_\_\_\_

Type: \_\_\_\_\_

Cash#: \_\_\_\_\_

Cash Date: \_\_\_\_\_

Please attach recent passport size

2 X 2

photograph here

**DENTAL HYGIENE-PARTICIPANT IN NORTHEAST REGIONAL BOARD EXAMINATION  
APPLICATION**

1. Applicant Name: \_\_\_\_\_  
Last First Middle

2. Former Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**BOARD USE ONLY**

Status Code: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Lic. Exp. Date: \_\_\_\_\_

4. Permanent Address: \_\_\_\_\_  
No. Street Apt.#

City/Town State Zip Code

5. Business Address: \_\_\_\_\_  
No. Street Apt.#

City/Town State Zip Code

6. Telephone Number-Day: \_\_\_\_\_ Evening: \_\_\_\_\_

7. SOCIAL SECURITY NUMBER (MANDATORY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

8. Graduate of: \_\_\_\_\_  
Name of institution Location

9. Date Diploma or Certificate Conferred on \_\_\_\_\_ 19\_\_\_\_ Degree: \_\_\_\_\_

**10. Documentary Proof of Dental Education Must Be Filed With This Application.**

**11. Documentary Proof of National Board Certification Must Accompany Application.**

12. I have taken N.E.R.B.: \_\_\_\_\_  
Date

13. This is my first request for registration in Massachusetts. \_\_\_\_\_ Yes \_\_\_\_\_ No

14. List registrations in all other states with issue and current status. A certificate of standing from each state in which you were licensed, indicating the status of your license and any relevant disciplinary information, must be submitted to the Board with this application.

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15. Has any disciplinary action been taken against you by a licensing board in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please state the details ( use separate sheet if necessary).

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16. Are you the subject of pending disciplinary actions or pending complaints by a licensing board in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the details ( use a separate sheet if necessary).

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17. Have you ever voluntarily surrendered or resigned a professional license to a licensing board in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the details ( use a separate sheet if necessary).

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18. Have you ever applied for and been denied a professional license in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please state the details ( use separate sheet if necessary)

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19. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the details ( use separate sheet if necessary)

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20. We, the undersigned registered dentists, are personally acquainted with \_\_\_\_\_, the applicant named in the application, and recommend him/her as a person of good moral character.

a. Name \_\_\_\_\_  
Print Name Sign Name  
Address \_\_\_\_\_

b. Name \_\_\_\_\_  
Print Name Sign Name  
Address \_\_\_\_\_

21. I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Dentistry to deny me a license or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, (a) pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and (b) pursuant to G.L. c. 119, s. 51A, I understand my obligation to report the abuse and neglect of children.

\_\_\_\_\_  
Signature of applicant Date

WALL CERTIFICATE: Please state name as you wish it to appear on wall certificate.

\_\_\_\_\_  
First Middle Last

Address certificate should be mailed to:

Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**OFFICE USE ONLY**

Fee Received: \_\_\_\_\_

Date of passing NERB \_\_\_\_\_

Exam# \_\_\_\_\_

Date certified in Massachusetts \_\_\_\_\_

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**REQUIREMENTS FOR LICENSURE FOR DENTAL HYGIENISTS**

- 1) Proof of graduation-** Original transcript with seal or original letter from an accredited dental hygiene school indicating date of issuance of diploma. PHOTOCOPY NOT ACCEPTED.
- 2) National Board Certification-** Photocopy of certificate or original National Board Card acceptable.
- 3) North East Regional Board-** It is not necessary to send NERB scores as they are sent directly by NERB to the Board. NERB eligibility for dental hygienists is unrestricted.
- 4) Photograph-** Attach to front cover at top.
- 5) Application and License Fee-** Check payable to the Commonwealth of Massachusetts for \$84.00 must accompany this application. Only upon denial of application will the licensing portion of the fee, \$44.00 be refunded.

**Requirements numbered 7, and 8 apply only to applicants who have been licensed in another state.**

- 7) Letter of Standing from State Dental Board-** A letter stating license status and whether or not any discipline has ever been taken must be sent from each state you are now or ever have been licensed in.
- 8) Practice History-** If you have been in dental hygiene practice, include a resume or practice history.

**9) Ethics and Jurisprudence Exam**

The Ethics and Jurisprudence Exam is based on 1. The Dental Laws and 2. The Dental Rules Rules and Regulations (234 CMR) of the state of Massachusetts. Both documents are available from the State House Book Store, Room 116, Boston, MA 02133 for a nominal fee.

Please call (617) 727-2834 to find out the exact amount and send a check made payable to the Commonwealth of Massachusetts to the above listed address. The exam itself will be sent from our office. To obtain an exam call our office at (617) 727-0084 or (617) 727-2243 and one will be sent to you at no charge. Once you have completed this exam include it with your application. Do not take the exam until you have reviewed the Dental Laws and Dental Rules and Regulations booklets.